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ABSTRACT

The paper describes the Boel-test, a measure for early (as young as 7 or 8 months) diagnosis of a communication handicap. The importance of stimulation is pointed out, and test procedures and statistics are reported. It is concluded that the early detection of a potential risk child should be followed by immediate action. (SBH)

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234 #4

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Early diagnosis of a communication-handicap (the Boel-test) and how to stimulate it.

By Mrs. Lea Marckmann, psychologist, chief at Børnekliniken - the Danish state clinic for examination and instruction of deaf and hard-of-hearing children,

Long experience from our work with children with a defective hearing at Børnekliniken - where we also see many cases of mentally retarded children, children with a speech defect, and some psychotic children as well - shows us that the parents, particularly the mother have a suspicion that there is something wrong at a very early stage in the child's life. Often the parents tell us that their first suspicion that the child had a retarded hearing appeared when the child was 2 - 3 month old, but they passed it off themselves and so did their doctor or the health visitor and of course parents are inclined to believe the person who tells them that everything is all right. I think it is important always to listen to a mother's suspicion to take it seriously and do something about it. Many mothers, especially primiparous women, are uncertain of their role - do they come up to expectations? Are they good mothers? Do they treat their child right? - and if they feel that their child does not thrive and does not develop the way it is supposed do they naturally grow still more uncertain and the close contact between mother and child is disturbed.

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It is very important to restore this highly sensitive emotional contact and this means that we will have to start our treatment of handicapped children very early. Lots of time has been wasted because one wanted to arrive at an infallible diagnosis before one started to stimulate the child instead of doing both at the same time.

Early diagnosis

An early diagnosis is rather superfluous, I suppose, if it is not followed up by immediate action purhaps treatment. What is the point of being told that your child has a brain damage or a defective hearing when you are not at the same time taught to act or if no one tells you what can be done.

The health visitor is a key person in this matter already from the birth of the child she has a close and trusting relationship with its parents. She is the one to help the parents creating the feeling of security and confidence in the relationship between parents and child which is crucial for its optimum development and it is she who is going to be an important link in an early diagnosis.

The Boel-test

With the Boel-test we have got an excellent means of detecting children suffering from various kinds of communication-handicaps from they are 7-8 months old. The Boel-test has been constructed by university lecturer Karin Stensland Junker who is connected with Karolinska Sjukhuset in Stockholm. It is primarily a contact-test, but it also reveals many other deficiencies in the communicationprocess. This simple test which can be carried out by a single person shows us. when it is carried out according to instructions, whether there are deficiences on the following points:

a. contact
b. hearing
c. development in general, is the child understimulated?
d. sight

Hearing

Under point b. hearing I should like to comment on the small, eventually periodical, reductions of the hearing which much too often are disregarded.

A small reduction of the hearing may have the effect that the child does not develop as expected and it is therefore important that the parents are aware that periodically their child does not have a normal hearing. Especially in early infancy it is important that you become aware that your child does not hear the noises of the surrounding world with normal intensity so that you can compensate for this by speaking a little louder to the child or by giving it special attention.

Such extra stimulation can make up for the periods when the child does not obtain as much sound-stimulation as when its hearing is normal. It often happens that the child becomes more quiet and passive during such periods and the mother responds by leaving it alone which is very wrong.

Of course the otologist must be consulted, but very often the doctor does not find it necessary to start a proper treatment, but will wait and see how things develop.

And it is this period of waiting which is precious and we may as well try to make the most of it. Too many children start to speak too late or speak badly because their hearing is reduced and too many children suffer under these language- and speech-deficiencies so that they will rather keep silent than making a fool of themselves.

This may lead to shyness or reluctance to speaking with strangers, who as a result of this, leave the child alone that is stop talking to it or perhaps they think it is stupid and difficult. And now the child has got into a vicious circle where a small reduction of the hearing may cause far

worse compliaations than might have been expected.

Procedure

The Boel-test functions as a safety net which catches the children when they are 8 - lo months old at latest, but it has turned out that it has had the effect of drawing the health visitors' attention to the potential risk children very early.

When the health visitor, having made 2-3 Boel-tests, finds that the child does not react as expected she and the general practitioner refer the child to Børnekliniken where the examinations are continued.

At Børnekliniken we make an audition test, the child is examined by a specialist, and we have an interview with the parents. In several cases the health visitor also participates which is highly advisable because she will then be able to continue stimulating the child at home according to our instructions.

Statistics

The statement afoot is a reckoning up of 3o children who were referred to us owing to the Boel-test from August 1974 to August 1975 - the distribution is as follows:

9 conductive reductions of the hearing
2 perceptive reductions of the hearing
11 immature - understimulated - instructions in correct stimulation
3 hereditary deafness/reduction of the hearing
1 atresi
1 nothing unusual - normal
3 absent
3o children - 17 boys - 13 girls

18 are still being treated (understimulated, conductive, reductions of the hearing etc.)

2 have been under the general instruction of the clinic

2 - 3 examinations per child.

This means that only one of these children was referred to us without reason. This, however, does not rule out the possibility of a slight reduction of the hearing at the time when the Boel-tests were carried out. The following figures may illustrate how attentive the health visitors have become to these children.

In 1974 53 children under 1 year of age were referred to Børnekliniken about 2o of these children had been sent there by the health visitor.

In 1975 119 children were referred to Børnekliniken 75 had been sent there by the health visitor.

Conclusion

As mentioned above it is important that the early detection of a potential risk child is followed by immediate action.

Extra stimulation as to contact, language, and motor are areas which either are well-known to the health visitor or which she can fairly easily be made acquainted with for instance at Børnekliniken in the form of courses and individual interviews.

In passing I shall mention the "lekotek" which is a lending department for pedagogical toys where the parents may borrow suitable toys for a shorter or longer period which they have been carefully taught how to use.

Under any circumstances it is very important to involve the parents in this stimulation of their child, it is important that this instruction of the parents which first of all relies

on the health visitor's participation takes place in a frank and confident atmosphere.

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